CLAIMS ONLY

Application Number	Filing Date
07/789,443	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			X	X			51						
2			X	X			52						
3			X	X			53						
4			1				54						
5				1			55						
6				1			56						
7			1				57						
8				1			58						
9				1			59						
10							60						
11			1				61						
12				1			62						
13			1				63						
14				1			64						
15				1			65						
16				1			66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep			4				Total Indep						
Total Depend			9				Total Depend						
Total Claims			13				Total Claims						